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ABSTRACT

In response to instances of violent acts involving children and teens both as victims and perpetrators, the Maine Legislature passed a resolve to study the issue and to identify and describe the extent of the problem among children, teenagers, and young adults in Maine. Results of a survey (n=542) designed to: (1) ascertain the perceptions of health professionals, educators, law enforcement personnel, and others concerning the nature, causes, and extent of the problem; (2) develop a list of statewide resources; and (3) assess the need for additional resources, are reported. Extensive statistics and tables describe the problem in Maine. The four most common types of violent behavior reported were: verbal harassment (96%); aggressive behavior (90%); threatening physical harm (85%); and, fist fights, hair pulling, etc. (76%). The perception of respondents was that violence is a problem in their communities, but more of a problem in other parts of Maine. Factors associated with the home were more frequently seen as fostering violent behavior than community factors. Results on prevention techniques, conflict resolution in particular, are discussed. Appendices include a copy of the survey and respondents' professions. (JBJ)

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Professionals View Violence Prevention

December 1993

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VIOLENCE AMONG CHILDREN AND TEENAGERS IN MAINE:
Professionals View Violence Prevention

December 1993

Prepared for
The Division of Maternal and Child Health
Bureau of Health
Department of Human Services
State of Maine

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Violence Among Children and Teenagers in Maine: Professionals View Violence Prevention

Within the past year, there have been several notable instances of violent acts involving children and teens as both victims and perpetrators of violent acts. In addition, there has been considerable print and electronic attention paid to the issue in Maine, and across the United States. To begin addressing the problem, the 116th Maine Legislature passed a resolve, LD 1250, directing the Department of Human Services to study the issue and to identify and describe the extent of the problem among children, teenagers, and young adults in Maine.

As one part of that study the Division of Maternal and Child Health asked the Survey Research Center of the Edmund S. Muskie Institute of Public Affairs at the University of Southern Maine to ascertain the perceptions of health professionals, educators, law enforcement personnel, and others concerning the nature, causes, and extent of the problem; to develop a list of statewide resources; and to assess the need for additional resources.

The survey design and question content were developed jointly by the Division of Maternal and Child Health, its contacts in the Department of Education, and the project staff at the Muskie Institute. A copy of the questionnaire is included in Appendix A.

The findings from the survey, conducted as one component of a comprehensive assessment of the health needs of Maine's children and youth, are reported here. In addition, the survey produced a voluntary listing of persons and organizations with interest in the area or resources to offer, and a more descriptive listing of statewide resources for publication as a directory.

Who participated in the study?

The questionnaire was distributed by mail to over 1090 persons and organizations, including health educators, school nurses, civil rights offices in police departments, prosecuting attorneys, corrections personnel, municipal recreation directors, specialists in child abuse issues, Student Assistant Teams, religious organizations, treatment centers and residential group homes for troubled youth, and others known to work with children and youth. An accounting of the broad categories of respondents' professions and the percentages of respondents in each category is in Appendix B.

Although child abuse and neglect is almost certainly a factor in violence among children and teens, the focus of the survey was interpersonal or self-inflicted violence in which children or teens are victims or perpetrators.

The response rate of 49.7% percent (542 completed questionnaires), especially from a single mailing to such a wide-ranging list, indicates the degree of interest in child and teen

violence. Responses were received from representatives of all the groups to whom the survey instrument was sent: nurses, including school nurses, civil rights officers and other law enforcement and police services personnel, school administrators, teachers, social service workers such as substance abuse counselors and shelter directors, pediatricians, recreation department directors, and others. While the list of persons and organizations to whom the questionnaire was sent was developed to be inclusive of many different perspectives on the issue, it is not in the strictest sense a random sample of any clearly defined population; therefore, measures of sampling error and statistical significance are not appropriate.

What is the nature of the problem in Maine's communities?

Violence involving children and teenagers takes many forms: verbal and physical, with or without weapons, singly or in groups, self-or other-directed, and with or without sexual assault. Knowing the nature of the violent behavior that may occur in Maine's communities is a necessary condition of developing effective prevention methods. Respondents were presented a list of violent behaviors and asked to indicate whether each had been exhibited by children and teens in their communities within the past year. Respondents could select as many forms of behavior as they believed appropriate.

In rank order by percentage of respondents electing the item, the ways in which violent and pre-violent behaviors were perceived and reported are shown in Table 1.

Table 1
Types of violent behavior respondents reported in their communities

- **96% Verbal harassment**
- **90% Aggressive behavior**
- **85% Threatening physical harm**
- **76% Fist fights, hair pulling, etc.**
- **65% Intolerance of differences (racial, gender, sexual orientation, religious, ethnic, etc.)**
- **53% Suicide or attempted suicide**
- **48% Self-mutilation**
- **42% Carrying or threatening use of weapons**
- **34% Rape and other sexual assaults**
- **23% Gang fights or group fighting**
- **18% Use of weapons**
- **9% Homicide or attempted homicide**
- **8% Other**

Only two percent of respondents indicated that they were not aware of any violent behavior among children and teens in their communities.

Verbal harassment is almost universal, according to the respondents, and aggression and threats are extremely common. That three-quarters of the respondents reported that their communities had experienced physical fights, and more than four out of ten reported that there had been instances of carrying or threatening use of weapons indicates that there is potential for serious outbreaks of violent behavior.

Some of the most frequently reported behaviors involve verbal threats and harassment and aggressive behavior which may precede actual physical violence, indicating that although the behavior had escalated beyond civility, it had not always reached the physical stage, and appropriate violence prevention or conflict resolution techniques might avert physical harm. That such behavior is frequent, however, along with the report that almost two-thirds of respondents perceived intolerance as a problem, indicates that physical means of conflict resolution are commonly regarded by children and teens as the preferred way to deal with those with whom they have disagreements.

The extent to which some of the violence is turned inward is disturbing: about half of the respondents report that there were instances of self-mutilation (48%), and suicide or attempted suicide (53%). Apparently it is quite common in Maine that children attempt to resolve personal problems with violence directed not only at others, but also at themselves.

With respect to the most serious forms of violence, one-third of respondents reported that there had been incidents of rape or other sexual assaults in their communities; slightly more than one in five reported gang or group fighting and slightly less than that reported actual use of weapons; and eight percent reported homicide or attempted homicide.

How much of a problem is violence among children and teens?

The perception of respondents is that violence is a problem in their communities, but it is more of a problem in other parts of Maine than in the communities in which they live: while 61% said violence among children and teens is a very severe or somewhat severe problem in their own community, 85% gave those responses with reference to the severity of the problem in Maine as a whole. Slightly more than one-third of respondents (37%) said violence was not a very severe problem in their communities, while only 15% characterized the statewide situation that way.

Are the problems different and worse in urban areas?

There is little difference between the relative rankings of types of violent behavior indicated as having been observed by respondents from self-designated urban, suburban, and rural areas. All the types of violent and pre-violent behavior occur in all the settings.

As shown in Figure 1, there are not large differences between the urban, suburban, and rural respondents in their reporting that precursors to serious violence (verbal harassment, aggressive behavior, threatening physical harm, fist fights and hair pulling, and intolerance of differences) had occurred in their communities. However, the difference

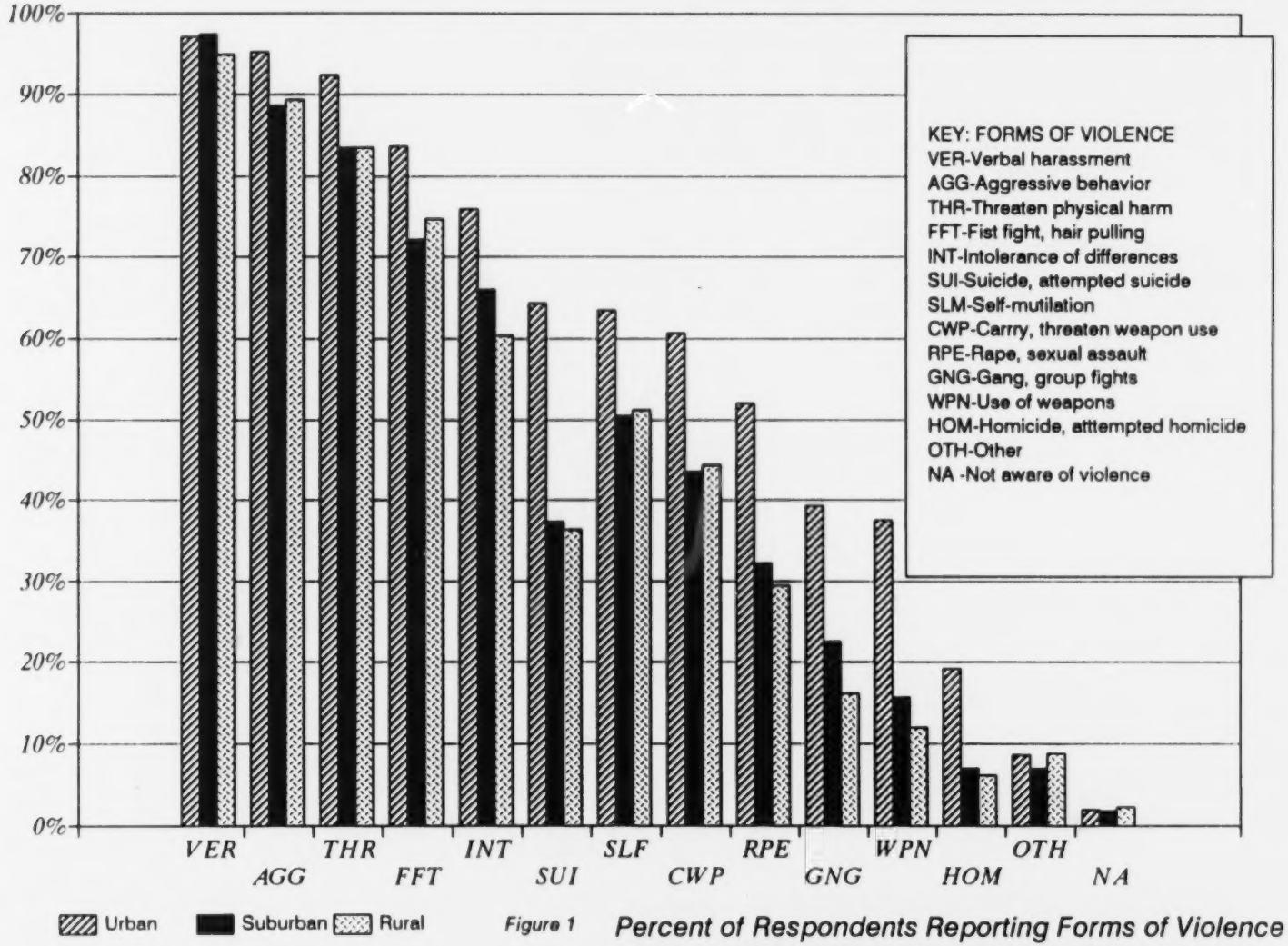

Figure 1 *Percent of Respondents Reporting Forms of Violence*
Maine, 1993, Survey of Conflict Resolution Experts

between urban and nonurban areas is seen in more frequent reporting of the most violent behaviors: suicide and attempted suicide, carrying or threatening the use of weapons, self-mutilation, rape and sexual assault, gang and group fighting, using weapons, and homicide and attempted homicide.

Do persons in different professions view the nature of the problem differently?

Because respondents to the survey represent diverse professions, there are some differences in the extent to which various behaviors are reported to have occurred. While almost all see verbal harassment as occurring almost universally, it is clear that law enforcement officers are in a position to receive reports about carrying weapons and threatening with weapons than are school nurses, while aggressive behavior is more frequently reported by school personnel than by law enforcement officers. Social service providers (those who work with substance abuse, student assistance teams, children's programs, and so forth) may be in a position to hear about more potential suicide than are school nurses, and school nurses may see more violence turned inward as self-mutilation. Although most of the law enforcement personnel responding to the survey were the designated civil rights officers, they were less likely than those in the nursing profession or school administration or social service workers to report knowledge of intolerance of differences.

Clearly, persons in different professions see different aspects of violent behavior as shown in the differences in their reporting rates. Nurses, including school nurses, see the physical and emotional effects of violence, especially violence that results in injury. Law enforcement personnel see fights and threats of use of weapons (but, interestingly, they do not see more actual use of weapons than others). School staff and administrators (guidance counselors, principals, teachers) see group fighting and intolerance. Social service workers see "private" violence: they are in a position to know more about attempted suicide, attempted homicide, and unreported sexual assault.

It is also important to note that conduct which may violate school rules or be disruptive in a school environment may not be conduct that traditionally has involved law enforcement personnel. School administrators may prefer for many reasons to handle such conduct within the school.

Table 2

Type of violent behavior reported by persons in selected professions

Type of behavior	Profession				
	Nurses, school nurses	Law enforcement	School staff, admin.	Social service staff	Other
Verbal harassment	97%	97%	99%	93%	91%
Aggressive behavior	95%	84%	93%	89%	83%
Threatening physical harm	91%	84%	91%	77%	74%
Fist fight, hair pull	82%	76%	81%	70%	60%
Intolerance of differences	74%	42%	77%	63%	53%
Suicide, attempted suicide	53%	47%	49%	65%	34%
Self mutilation	69%	25%	52%	47%	23%
Carry, threaten use of weapons	31%	55%	44%	42%	34%
Rape, sexual assault	28%	29%	30%	45%	31%
Gang, group fights	20%	19%	24%	24%	26%
Using weapons	12%	20%	16%	22%	23%
Homicide, attempted homicide	3%	9%	7%	14%	11%
Other	10%	12%	5%	7%	11%
Not aware of violence	2%	1%	1%	2%	6%

What are the most important factors that foster violent behavior by children and teens in Maine's communities?

Respondents were given a list of twenty-seven factors that have been linked in conflict resolution studies or in the popular media to violent behaviors, and were asked to indicate up to five that in their estimation were the most important factors in fostering violent behavior by children and teens. In descending order of selection, with the percentages of respondents selecting each, they are presented in Table 3.

Table 3

Most Important Factors in Fostering Violent Behavior in Children and Teens,

with percentage of respondents indicating each*

- **•61% Abusive or violent home environment**
- **•57% Drug and/or alcohol use**
- **•56% Lack of parental supervision**
- **•47% TV and other mass media**
- **•46% Low self-esteem**
- **•45% Poor parenting skills on the part of teens' parents**
- **•42% Lack of appropriate adult role models**
- **•31% Lack of conflict resolution skills**
- **•27% Lack of appropriate intervention and treatment services**
- **•20% Poverty**
- **•20% Negative peer influence**
- **•17% Lack of appropriate leisure activities**
- **•13% Intolerance of differences**
- **• 9% Difficulty in school**
- **• 9% The community environment**
- **• 6% Lack of jobs for teens**
- **• 4% Access to guns or other weapons**
- **• 5% Lack of appropriate correctional facilities**
- **• 4% Mental illness -- lack of diagnosis and treatment**
- **• 4% Lyrics in today's music**
- **• 4% Inadequate law enforcement**
- **• 2% Geographic isolation**
- **• 2% Social isolation**
- **• 1% Carrying knives and other weapons**

*Overall percents sum to more than 100% because respondents could select up to five factors.

It is clear that factors associated with the home are more frequently seen as fostering violent behavior than are community factors. Violence and substance abuse in the home, lack of supervision, low self-esteem, and poor parenting skills are rated among the primary violence-producing factors. Even though media depiction of violence (rated among the primary factors) is not an influence that originates in the home, it is often received there, potentially under the supervision of the adults in charge of the household. (It is also important to note that during the weeks when the survey instrument was being answered by respondents, there was considerable media attention and public discussion focussed on a television cartoon program that has been charged with inspiring fire-setting and other anti-social actions and attitudes.)

Three factors that are explicitly family- and home- centered were included in the list of items. They are: Lack of parental supervision, abusive (or violent) home environment, and poor parenting skills on the part of teens' parents. Only seven percent of the respondents failed to check at least one of the family-centered items. Thirty-eight percent of respondents selected one of the family-centered items; 41% selected two of the items; and 14% selected all three.

There is a fair amount of agreement among school and other nurses, law enforcement personnel, and school staff and administrators concerning the extent to which the home environment is a factor in violence. However, social service providers, while still seeing the home as a factor, are more likely than others to point to a lack of appropriate intervention and treatment services.

Some of the traditionally-mentioned causes of violent behavior ranked much lower than the family- or home-centered factors. Poverty, lack of appropriate intervention and treatment services, inadequate law enforcement and appropriate correctional facilities, lack of appropriate leisure activities, lack of jobs for teens, and the community environment were not as frequently mentioned.

The community factors are the ones at which social programs have often been directed: programs have been implemented to alleviate poverty, provide community sources of intervention and treatment, provide more (but not necessarily different) law enforcement, provide more correctional facility beds, provide after-school leisure activities, place teens in jobs, and improve the community environment in various ways.

The lower rankings for the community factors do not necessarily mean that the community programs do not help alleviate the problem: in their absence, violence might take more serious forms, or be more widespread. The relative rankings of home-centered and community-centered factors indicate that persons who deal with the health risks posed by violence believe that the more important factors that promote violent behavior are located in the home.

What types of resources are used to prevent violent behavior and its precursors?

All but two of the individuals and organizations who participated in this survey use some form of strategy to prevent violence among children and teens. The techniques used and the percentages of respondents reporting each are displayed in Table 4.

Table 4

Techniques Used by Respondents to Prevent Violence,
with percentage of respondents reporting their organization uses each

- **73% Self-esteem building**
- **72% Substance abuse education**
- **64% Counseling services**
- **54% Conflict resolution**
- **48% Problem solving**
- **42% Parent education**
- **28% Team building**
- **24% Peer mediation**
- **24% Community coalition building**
- **17% Date rape prevention**

Clearly, the organizations targeted for this study are already working to provide services and programs to help prevent violence. This finding is not surprising in that the population selected to receive the survey questionnaire was selected because there was an expectation that the potential respondents had already begun work in violence prevention.

What resources are available for others to use?

A surprising number of the responding organizations and individuals make resources available for others. One part of this study involves the development of a brief annotated directory of resources that seem especially helpful and widely available, and which can serve as a first reference for those seeking advice, materials, or other resources. In addition, a longer list will be formulated, including individuals and organizations that have reported that they offer resources. The longer list will reside with the Division of Maternal and Child Health, where it can be searched for references on special request.

The types of materials and resources that were reported as being made available to others and the percentage of respondents indicating their availability are shown in Table 5.

Table 5

Violence Prevention Materials and Resources Available to Others,

with percentage of respondents reporting each

- **•38% Speakers**
- **•37% Books, journals, and articles**
- **•33% Peer teaching / role playing/ other interactive teaching techniques**
- **•31% Films / videos**
- **•30% Training for teachers**
- **•23% Training for peer facilitators**
- **•21% Conferences / seminars**
- **•20% Curricula or lesson plans**
- **•18% Posters**
- **•17% List of violence prevention resources**
- **• 7% Newsletter**

There appears to be a wealth of materials and resources available to persons in Maine who may be seeking them. Of course, they may vary in approach, subject matter, quality, and availability, but it appears that there is a good foundation of information available upon which to build.

Is there a relationship between perceiving specific factors as encouraging violence, and the type of anti-violence activities in which organizations are engaged?

There is consistency in perception of factors in violent behavior and the type of violence prevention activity in which organizations are currently engaged. Two-thirds (65%) of those who indicated that a lack of conflict resolution skills is a factor in violent behavior said that their organization uses conflict resolution as a violence-prevention technique.

The relationship between perceiving parent-centered factors as engendering violence and current offering of parent education as violence prevention is not as clear: although parent education is used by 42% of the persons and organizations responding, its use does not increase directly with the number of parent-centered factors cited. However, as described below, two-thirds of respondents indicate an interest in parent education as the subject of a violence prevention training seminar.

Is there a demand for more information about violence prevention for children and teens? What kinds of resources do people want, and what subjects should be covered?

Only two percent of the respondents to the survey indicated that they would not be interested in using additional materials or attending programs directed toward prevention of child and teen violence if they were offered at low or no cost by the Division of Maternal and Child Health. There was great interest expressed concerning each of a number of possible formats in which violence prevention information should be offered. The formats, and the percentages of persons indicating interest in each are as presented in Table 6.

Table 6
Preferences for
Information Dissemination Formats,
with the percentage expressing interest in each

- **72% Conferences, seminars**
- **66% Films / videos**
- **65% List of statewide violence prevention resources**
- **59% Training for teachers**
- **49% Peer teaching / role playing / other interactive teaching techniques**
- **49% Posters**
- **48% Books, journals, articles**
- **47% Training for peer facilitators**
- **46% Curricula or lesson plans**
- **36% A newsletter**
- **25% Public service announcements**

It is interesting that some of the commonly-used means of approaching social problems and sharing information - public service advertisements and newsletters - are the least-favored means of addressing the problem of violence.

The topics which respondents suggest should be the subject of any seminars offered by the Division of Maternal and Child Health are consistent with the themes addressed elsewhere in the study. The percentage of respondents expressing an interest in each item in a list of possible topics is presented in Table 7.

Table 7

Preferred Seminar Topics,
with the percentage preferring each

- **•76% Conflict resolution**
- **•66% Parent education**
- **•63% Building self-esteem**
- **•53% Peer mediation**
- **•47% Community coalition building**
- **•37% Team building**
- **•37% Substance abuse education**
- **•35% Date rape prevention**

Even the least-frequently mentioned potential topic, date rape prevention, which should theoretically be of interest only to persons working with teens and pre-teens, is of interest to more than one-third of the respondents.

Briefly noted: Other current research related to child and teen violence in Maine

In addition to the research described above, the Division of Maternal and Child Health contracted with the Survey Research Center of the Muskie Institute of Public Affairs to conduct a number of other studies and analyze data related to child and teen health during the past year. In this section some relevant findings from that research are briefly described.

Maine's Parents. Home conditions that may be factors in child and teen violence were the subject of some of the questions contained in a telephone interview survey that focused on childhood accident and injuries. Interviews were conducted with a parent, grandparent, or other primary caregiver in 600 randomly selected Maine households with children aged nineteen and younger. The study was designed and conducted by the Muskie Institute in the summer of 1993, and has a sampling error of ± 4 percentage points. Highlights of violence-related findings include:

- 23% of Maine's parents said in response to an open-ended question, and before hearing any of the other questions in the study, that the biggest threat to the health of Maine's children today is **substance abuse**.

- 48% of Maine's households with children have **firearms in the house**:
  - in 3% of the gun-owning households with children, the guns are kept loaded.
  - in 38% of the gun-owning households with children, the guns are not kept in a locked place and do not have trigger locks.

In-school teenagers: the Youth Risk Behavior Survey. The Centers for Disease Control (CDC) of the U.S. Department of Health and Human Services directed a national in-school survey of high school students. The data for Maine were collected in the spring of 1993 by Pan Atlantic Consultants of Portland, Maine, the local contractor. Survey forms were completed by 2422 Maine students in cooperating high schools.[1] The CDC has provided the data to the Muskie Institute for analysis.

Some highlights of the findings are:

WEAPONS

- 21% of students reported having **carried a weapon** such as a gun, knife or club during the past month.
    - 7.5% of students reported that they carried a gun in the past month.
    - 12% of students reported carrying a weapon on school property on at least one day during the past month.
        - Of those who carried weapons on school property, 55% carried weapons on six or more days.
    - 5% of students said that they did not go to school on at least one day in the past month because they felt they would be unsafe at or on the way to or from school.
    - 8% of students reported being threatened or injured with a weapon on school property at least once during the past year.
    - Boys are more likely to have carried a weapon in the past 30 days (37%) than girls (7%).
    - The likelihood of carrying a gun does not vary greatly by age.

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[1]The CDC notes that because of the cooperation rate of the sampled schools in the cluster sample design (which first samples schools and then selects classes within schools) a sampling error cannot be calculated for the Maine data, which means that we cannot know the number of percentage points within which the data are presumed to be accurate. The CDC bears no responsibility for the analysis of the data, and the Muskie Institute bears no responsibility for the design of the study or the data collection.

FIGHTING

- 40% of high school students report having been in a **physical fight** at least once within the past year.
- Of the 60% of students who reported ever being in a physical fight (not just within the past year):
  - 37% said they last fought with a friend or someone they knew.
  - 21% said they last fought with a parent, sibling, or other family member.
- 5% of students had to be professionally treated for injuries incurred in fights within the last year.
- 16% of students report having been in a physical fight on school property during the past year.
- Boys are more likely to have been in a physical fight in the past year (48%) than girls (32%).
- The likelihood of being in a physical fight does not vary appreciably by age.

SUICIDE

- 28% of students said they had seriously considered suicide during the past year.
- Girls were more likely to have seriously considered suicide in the past year (33%) than boys (23%).
- 11% of all students said they had actually attempted suicide at least once.
- Girls are more likely to have attempted to commit suicide at least once (13%) than are boys (8%).
- 4% of all students -- 36% of all those who attempted suicide -- had to be professionally treated for their injury, poisoning, or overdose.

DRUG USE

- .6% of students have tried cocaine.
- 3% of all students have used cocaine at least once in the past month.
- 25% of all students have been offered, sold, or given illegal drugs on school property in the past year.
- Boys are more likely to have been offered drugs at school (31%) than are girls (19%).

ALCOHOL USE

- 50% of all students had a drink of alcohol on at least one day in the past month: 49% of girls, and 50% of boys.
- 29% of all students had five or more drinks in a row during the past month: 25% of girls, and 33% of boys.
- 13% of all students had five or more drinks in a row on at least three days during the past month: 8% of girls, and 18% of boys.
- 6% of all students had a drink on school property during the past month.

Out-of-School Youth. Many high-school age students did not have an opportunity to be included in the CDC study because its sample design depended on reaching students in schools. As a way of presenting a picture of most of Maine's youth (and those across the United States), that design is the most efficient way of getting information. However, Maine's Division of Maternal and Child Health needed information about out of school youth who would have had no chance to be included in the CDC study, and who may have the more serious health risk behavior problems. Therefore, the Survey Research Center at the Muskie Institute was engaged to conduct a parallel study of out-of-school but school-age youth.

The sample of 200 youth is a purposive sample, not a true scientific random (equal probability of selection) sample. That is, efforts were made to locate as many out-of-school youth as possible, primarily through organizations that serve or house them, but no claim is made for equal probability of selection. Respondents were drawn from alternative schools that would not have been included in the sampling frame for the CDC study, from shelters, from group homes, from non-school job training, from detention facilities, from street

programs, from special programs for pregnant and parenting teens, and from rehabilitation programs.

The respondents ranged in age from twelve through eighteen; a few, in training programs for school dropouts, indicated they were older but should have been in high school. Sixty percent of the respondents were male. Eighty-four percent of the respondents said they were white.

Certain groups of out-of-school youth were not included in the search for respondents: for example, home-schooled youth were not included, nor were youth in long-term health care facilities.

WEAPONS

- 40% of out-of-school youth reported having **carried a weapon** such as a gun, knife or club on at least one day during the past month: 52% of boys, and 20% of girls.
- 19% of out-of-school youth reported that they carried a gun in the past month.
- Fifteen- and sixteen-year-old out-of-school youth are **more** likely to carry weapons and be in fights than older teens.

FIGHTING

- 71% of out-of-school youth reported having been in a **physical fight** at least once within the past year: 79% of boys, and 59% of girls.
- Of the 85% of out-of-school youth who reported ever being in a physical fight (not just within the past year):
  - 33% said they last fought with a friend or someone they knew.
  - 9% said they last fought with a boyfriend or girlfriend.
  - 8% said they last fought with a parent, sibling, or other family member.
- 24% of out-of-school youth had to be professionally treated for injuries incurred in fights within the last year.

SUICIDE

- 46% of out-of-school youth said they had seriously considered suicide during the past year: 51% of boys, and 39% of girls.
- 25% of out-of-school youth said they had actually tried suicide during the past year.
- 12% of all out-of-school youth-- 47% of all those who attempted suicide -- had to be professionally treated for their injury, poisoning, or overdose.

DRUG USE

- 34% of out-of-school youth have tried cocaine: 35% of boys, and 33% of girls.
- 16% of out-of-school youth have used cocaine at least once in the past month: 17% of boys, and 14% of girls.

ALCOHOL USE

- 64% of all out-of-school youth had a drink of alcohol on at least one day in the past month: 68% of boys, and 56% of girls.
- 55% of out-of-school youth had five or more drinks in a row (in two hours) during the past month: 62% of boys, and 44% of girls.
- 37% of out-of-school youth had five or more drinks in a row on at least three days during the past month: 44% of boys, and 28% of girls.

Summary

The themes of the importance of appropriate conflict resolution methods and the need to develop violence prevention methods that can be applied in the home environment are clear. In addition, there is a need to continue support for community services such as substance abuse prevention and treatment. Persons who work with children and teens perceive gaps in available services and in available knowledge. The gaps involve methods and messages that can help service providers, law enforcement officers, educators, and health professionals teach children, teens, and parents how to avoid violence in the community and at home.

Appendices

Appendix A

John R. McKernan, Jr.
Governor

Jane Sheehan
Commissioner

(1-4)

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE

Child and Teen Violence Survey

The Division of Maternal and Child Health has contracted with the Edmund S. Muskie Institute of Public Affairs to conduct a statewide survey on issues regarding violence among children and teens. *We need your help.*

This survey should be filled out by the person in your organization who knows the most about working with children and teens.

This survey is one component of a comprehensive assessment of the health needs of Maine's youth. The goal of the project is to gather information that will support the development of educational campaigns and prevention programs to reduce health risks faced by children and teens in Maine.

Violence among children and teens is exhibited in many ways. While we recognize that child abuse and neglect is one factor in violence among children and teens, the focus of this survey is interpersonal or self-inflicted violence in which children and teens are victims or perpetrators.

Your opinions in Questions 1 through 14 will not be connected with any information that would identify you or your organization.

If you have any questions, please contact Louise Olsen or Mark Richards, Research Assistants, at the Survey Research Center, Edmund S. Muskie Institute of Public Affairs, University of Southern Maine (780-4430).

Please answer the questions based on your knowledge of the community in which you spend most of your work time.

1. Throughout *your community*, what are ways children and teens have exhibited these violent behaviors in the past year? *(Check all that apply.)*

(5) ☐ Verbal harassment
☐ Threatening physical harm
☐ Aggressive behavior
☐ Self-mutilation
☐ Fist fights; hair pulling etc.
(10) ☐ Gang fights or group fighting
(11) ☐ Carrying or threatening use of weapons
☐ Use of weapons
☐ Rape and other sexual assaults
☐ Suicide or attempted suicide
☐ Homicide or attempted homicide
(16) ☐ Intolerance of differences (racial, gender, sexual orientation, religious, ethnic, etc.)
(17) ☐ I am not aware of violent behavior among children and teens in my community.
(18) ☐ Other *(please specify)* _____
_____
_____
_____

2. What do you believe are among the *five most important* factors that foster violent behavior by children and teens in your community? *(Check up to five.)*

(19) ☐ TV and other mass media
☐ Poverty
☐ Drug and/or alcohol use
☐ Difficulty in school
☐ Lack of parental supervision
☐ Lack of appropriate adult role models
☐ Access to guns or other weapons
☐ Carrying knives and other weapons
(27) ☐ Abusive (or violent) home environment
(28) ☐ Lack of appropriate intervention and treatment services
☐ Lack of jobs for teens
☐ Lack of appropriate leisure activities
☐ Mental illness—lack of diagnosis and treatment
☐ Inadequate law enforcement
☐ The community environment
☐ Low self esteem
(35) ☐ Lack of appropriate correctional facilities
(36) ☐ Lack of conflict resolution skills
☐ Poor parenting skills on the part of teens' parents
☐ Intolerance of differences
☐ Lyrics in today's music
☐ Geographic isolation
☐ Social isolation
☐ Negative peer influence
(43) ☐ Other *(please specify)* _____
_____

COMMENTS: _____

3. How much of a problem is violence among children and teens *in your community*?

(44) ☐ A very severe problem ☐ A somewhat severe problem ☐ Not a very severe problem ☐ Not a problem at all

4. How much of a problem is violence among children and teens *in Maine*?

(45) ☐ A very severe problem ☐ A somewhat severe problem ☐ Not a very severe problem ☐ Not a problem at all

5. Does your organization *use* any of the following strategies to prevent violence among children and teens? *(Check all that apply.)*

(46) ☐ Self-esteem building
☐ Conflict resolution
☐ Peer mediation
(49) ☐ Date rape prevention
(50) ☐ Community coalition building
☐ Parent education
☐ Substance abuse education
(53) ☐ Team building
(54) ☐ Problem solving
☐ Counseling services
☐ Other *(please specify)* _____
_____
(57) ☐ We don't use any of the above.

6. Do you or your organization *make available to others* any of the following resources to prevent violence among children and teens? *(Check all that apply.)*

(58) ☐ Films/video
☐ Books, journals, articles
☐ Posters
☐ Conferences/seminars
(62) ☐ Speakers
(63) ☐ List of statewide violence prevention resources
☐ Peer teaching/role playing/other interactive teaching techniques
☐ Public service announcements
(66) ☐ Training for teachers
(67) ☐ Training for peer facilitators
☐ Curricula or lesson plans
☐ A newsletter
☐ Other *(please specify)* _____
_____
(71) ☐ None

7. Which of the following, if any, related to the prevention of child and teen violence, would you and/or your organization be *interested in using/attending* if provided at low/no cost by the Division of Maternal and Child Health? *(Check all that apply.)*

(72) ☐ Films/video
☐ Books, journals, articles
☐ Posters
☐ Conferences/seminars
(76) ☐ List of statewide violence prevention resources
(77) ☐ Peer teaching/role playing/other interactive teaching techniques
☐ Public service announcements
☐ Training for teachers
☐ Training for peer facilitators
(81) ☐ Curricula or lesson plans
(82) ☐ A newsletter
☐ Other *(please specify)* _____
_____
_____
_____
(84) ☐ None

8. If Maine's Division of Maternal and Child Health were to sponsor a violence prevention training seminar, what topics, if any, would you be interested in? *(Check all that apply.)*

(85) ☐ Building self-esteem
☐ Conflict resolution
☐ Peer mediation
(88) ☐ Date rape prevention
(89) ☐ Community coalition building
☐ Parent education
☐ Substance abuse education
(92) ☐ Team building
(93) ☐ Other *(please specify)* _____
_____
☐ I don't know
(95) ☐ None

Your answers to Questions 9 through 14 will help us prepare a statistical profile of those who provide services to children and teens in Maine and who helped us by responding to this questionnaire. **None of this information will be used to identify you or your organization.**

9. Your gender: (96) ☐ Female ☐ Male

10. In what year were you born? 19_____ (97-98)

11. What is your title/position? _____ (99-100)

12. How many years have you been working in your professional field?

(101) ☐ Less than 2 years ☐ 3-5 years ☐ 6-10 years ☐ 11-20 years ☐ More than 20 years

13. Would you consider your community to be *primarily* urban, suburban, or rural? *(Check only one.)*

(102) ☐ Urban ☐ Suburban ☐ Rural

14. What town(s) or city(ies) do you consider to be your *primary* work location(s)? _____ (103-107) _____

— — — —

The Division of Maternal and Child Health plans to print a directory of violence prevention resources. The rest of this questionnaire is about what should be included in the directory. The information you provide in this section will not be linked in any way to the opinions or personal descriptive information expressed earlier in this questionnaire.

15. Do you consider yourself, your organization, or someone at your organization, a *resource* concerning violence prevention among children and teens, to be included in a directory of resources to be maintained by the Division of Maternal and Child Health? (A resource might be someone who provides training, information and referral, or would be willing to share their experiences with others.)

☐ Yes —— IF YES, PLEASE PROVIDE THE INFORMATION REQUESTED BELOW.
☐ No ——— SKIP TO Q16

ORGANIZATION: _____
CONTACT PERSON: _____
ADDRESS: _____
PHONE: _____
TYPES OF RESOURCES: *(Please be specific.)* _____
_____

16. This questionnaire is being sent to many individuals and organizations throughout Maine. However, we probably have missed some important sources of information. In your opinion, which individuals and/or organizations should we be *sure* to include in a list of resources dealing with the prevention or resolution of issues regarding violence prevention among children and teens?

Be sure to include any unusual, innovative, or particularly noteworthy programs or other efforts in your community, statewide or out-of-state, that you think have been effective or show promise as a way to promote appropriate conflict resolution and reduce violence involving children and teens.

Please provide complete contact information if possible. Otherwise, provide as much as you have at hand.

ORGANIZATION: _____
CONTACT PERSON: _____
ADDRESS: _____
PHONE: _____
BRIEF DESCRIPTION _____
_____
_____

ORGANIZATION: _____
CONTACT PERSON: _____
ADDRESS: _____
PHONE: _____
BRIEF DESCRIPTION: _____
_____
_____

ORGANIZATION: _____
CONTACT PERSON: _____
ADDRESS: _____
PHONE: _____
BRIEF DESCRIPTION: _____
_____
_____

17. Is there anything else related to the prevention of violence among children and teens that you would like to comment on? If so, please use this space for your comments.

If you would like to receive either of the following, *please check the appropriate box(s) and provide the information requested below.*

☐ A "Preventing and Dealing with Child and Teen Violence" resource guide if one were available from the Division of Maternal and Child Health.

☐ A copy of the report that contains a summary of the survey results.

SEND TO:

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

_____

THANK YOU FOR HELPING US WITH THIS PROJECT.

Please return your completed questionnaire in the enclosed envelope to:

The Division of Maternal and Child Health

State House Station #11

Augusta, ME 04330-9930

Appendix B

Appendix B

Survey Respondents' Professions

Profession	Percent of Respondents
Nurses, including school nurses	**20.8**
Police services, law enforcement, civil rights officers	**17.0**
School staff	**28.3**
Guidance counselors	16.8
Principals, superintendents	7.3
Teachers	4.2
Social services professions	**27.4**
Administrator, executive directors	6.5
Social workers	2.7
Children's program directors	12.8
Substance abuse counselors, coordinators	1.7
Student assistance teams, related staff	0.6
Other child, teen program workers	2.1
Clergy	1.0
Other, including parks and recreation directors	**6.3**
TOTAL	**99.8***

* Does not sum exactly to 100% because of rounding.